

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
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30		1				
31		1				
32		1				
33		1				
34		1				
35	1					
36		1				
37		1				
38	1					
39	1					
40		1				
41		1				
42		2				
43	1					
44		1				
45		1				
46	1					
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	71					
TOTAL DEP.	70	←	←	←	←	←
TOTAL CLAIMS	77	██████████	██████████	██████████	██████████	██████████

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51		1										
52		1										
53		1										
54		1										
55		1										
56		1										
57		1										
58		1										
59		1										
60		2										
61		1										
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97												
98												
99												
100												
TOTAL IND.												
TOTAL DEP.		←	←	←	←	←	←	←	←	←	←	←
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████